



Utah State Retirement Office
540 East 200 South
Salt Lake City, Utah 84102
(801) 355-3884

VERIFICATION OF SERVICE AND SALARY

INSTRUCTIONS:

1. Some or all of the following information is needed for the following member.
2. Please check your records and supply us with the information marked below.
3. **Please type or print clearly.**
4. **Return completed form to the Retirement Office at the above-stated address.**

SEND TO:

State Dept of Water Rights
ATTN: CLARA MAE OVERTON
1636 West No. Temple
Salt Lake City UT 84116

MEMBER INFORMATION

Member Name

CLAYBURN, KENNETH

~~FOIPA/DOJ~~ Service Verified

Soc. Sec. No.

528-20-1492

REQUESTED INFORMATION

Please supply the Retirement Office with the indicated information.

☒ List date(s) of hire (mm/dd/yy): 8-1-78 Our records show this employee started 1978 year

☒ List date(s) of termination (mm/dd/yy): 4-1-89

☒ Has employment been continuous without any unpaid breaks?

☒ Yes

☐ No

If employment has not been continuous, indicate dates and type of leave:

☐ Worker's Compensation

☐ Maternity Leave

☐ Sabbatical Leave

☐ Other: _____

☐ Personal Leave

Dates: _____

☒ Was hire date full-time employment? ☒ Yes ☐ No

If not, indicate percentage of time worked or indicate hours worked:

List date(s) full-time employment began: _____

☒ List pay rates for the time periods indicated (do not report total annual earnings): (if more space is needed, use back of this form)

Indicate reason for drop in salary in 1979 & 1983

DUCHESNE RIVER SYSTEM DETERMINES SALARY EACH YEAR.

Pay basis:

☐ Hourly

☐ Monthly

☐ Bi-weekly

☐ Contract

Hours per pay period: _____

From	Through	\$

☒ Have payments over and above normal salary been reported as salary within last 3-5 years? ☒ Yes ☐ No

If yes, explain: _____

☐ Cause of termination: ☐ Service Retirement ☐ Disability ☐ Death ☐ Other (specify): _____

☐ Last day member actually worked: _____

☐ Last day accrued leave was or will be paid (report last day retirement contributions were or will be paid): _____

AUTHORIZED SIGNATURE

I certify the foregoing information as completed by this Office is a true and correct report.

Authorized Signature

Raymond W. Ulstrom

2-13-89

Date

FOR RETIREMENT OFFICE USE ONLY:

Date

01-24-89

Requested By

Pam Howard

☐ Accounting ☒ Public ☐ School ☐ Public Safety ☐ Firefighters' ☐ Judges'

DISTRIBUTION: White - Retirement Office; Yellow - Employer; Pink - Control Copy;

RTCT-2 replaces Form 3/34 Rev 8/88